

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603020

FILED  
Apr 17, 2008  
Secretary of State

Entity Name: FARLEY FUNERAL HOME, INC.

## Current Principal Place of Business:

265 S NOKOMIS AVE  
VENICE, FL 34285 US

## New Principal Place of Business:

## Current Mailing Address:

265 S NOKOMIS AVE  
VENICE, FL 34285 US

## New Mailing Address:

FEI Number: 59-1353074

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISPHORDING, ROGER  
240 S. NOKOMIS AVE  
STE 200  
VENICE, FL 34285 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, JOHN  
Address: 265 SOUTH NOKOMIS AVE  
City-St-Zip: VENICE, FL 34285

Title: STD ( ) Delete  
Name: WILLIAMS, MICHELLE F  
Address: 265 SOUTH NOKOMIS AVE  
City-St-Zip: VENICE, FL 34285

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN A. WILLIAMS

PD

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date